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TASKS OF THE CZECHOSLOVAK PUBLIC HEALTH
SERVICE IN THE THIRD FIVE-YEAR PLAN

by Josef Plojhar

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FOREWORD

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**TASKS OF THE CZECHOSLOVAK PUBLIC HEALTH
SERVICE IN THE THIRD FIVE-YEAR PLAN**

Following is a translation of a speech by Dr. Josef Plojhar, Minister of Public Health, in the Czechoslovak periodical Ceskoslovenske zdravotnictvi (Czechoslovak Public Health Service), Prague, Vol. VIII, No. 1, February 1960, pages 1-10. The language of the original article is Czech.

On 23-24 September 1959, the Central Committee of the Communist Party of Czechoslovakia discussed the "Basic Principles of the Directives of the Third Five-Year Plan for the Development of the National Economy in the Years 1961-1965." The government of the Republic acted upon the directives and approved them on 14 October 1959.

Thus the preparation of the Third Five-Year Plan enters a new stage. In the past 2 years, work has covered the principal directives of the development, the principal proportions of the development, and the most important problems of the State Planning Commission, the ministries and medium-level organs, the Slovak national organs, and the councils of the regional national committees. At the same time, international discussions were conducted by the Council for Mutual Economic Assistance. These discussions helped to clarify and solve questions of economic and scientific-technical cooperation, the division of labor, and mutual assistance between the states of the peace camp. The economic organs have relied from the beginning of their work on the ranks of workers in science and in practice, Party and union workers, selected economic workers active in production, and workers of national committees. Commissions and broader-range conferences were used to evaluate the correctness of general concepts or to solve specific problems. The Central Committee of the Party and the Government of the Republic dealt repeatedly with the most important questions. All this has contributed substantially to the high quality of the preparatory work. To refresh our memory, let us recall that a large group of our scientific workers had worked as early as 1957 in specialized commissions of the Scientific Council of the Ministry of Health on determining the principal long-range directions of the development of public health. This work has become the groundwork for individual projects in public health during the Third Five-Year Plan. On the basis of material prepared by the Ministry of Health, our scientists have carried out a penetrating analysis of the development of the population structure,

morbidity, and the present status of the public health service, and they have outlined the principal directions of development in public health research and in the public health service itself. The results of the work of these commissions was discussed at a plenary session of the Scientific Council in November 1957 and became the basis of a unified concept of the long-term development of the public health service.

The XI Congress of the Communist Party of Czechoslovakia determined the main political and economic tasks for ensuring the development of the national economy of the Republic up to 1965. On the basis of the directives of the XI Congress, it has been possible to work out in detail the actual tasks and relative proportions of the development of the national economy up to the year 1965.

The Government of the Republic discussed the prepared material on 6 March 1959. The Government made assignments for a more detailed study of some problems of importance in attaining the targets specified by the Party congress, and it also determined the method of handling such problems. Again large groups of workers in science and in practice, Party and union workers, economic workers, and workers of the national committees were called upon to help in evaluating and solving the most important problems. On the basis of the Government resolution of 6 March 1959, the authorities created special commissions attached to the central organs and councils of the regional national committees and called technical-economic conferences. The resulting material was processed by the State Planning Commission, discussed with the ministries, the Slovak national organs, and the councils of the regional national committees; it was then submitted to the Central Committee of the Party and to the Government of the Republic for approval. The directives contain details of concepts and ratios of the development of industry, agriculture, transportation, and the standard of living in the Third Five-Year Plan. They also include broad outlines on questions of investment construction, the development of individual areas of the state, economic cooperation, the international socialist division of labor and foreign-trade development, increases in labor productivity, the gradual reduction of production costs, and tasks of science and technology.

On the basis of the directives, which by their content and methods of preparation are a splendid example of realizing the principles of democratic centralism, we shall now prepare the proposals for the Third Five-Year Plan in all establishments and enterprises, in the budget organizations of the various services, national committees, and individual agricultural cooperatives. The broad participation of the workers in preparing for the proposals is the principal guarantee that the proposals will be good ones and that they will make it possible to exceed the tasks outlined in the directives, to further shorten the time

required to complete various tasks and increase efficiency. This participation will also guarantee that the plans thus outlined will also be fulfilled correctly. It is necessary that the workers consider the tasks of the Third Five-Year Plan as their own personal affair. In order to ensure this it is necessary to obtain substantial assistance from the trade-union organizations in addition to the help of the organizational activity of economic organs and national committees. Allow me then to initiate by an explanation on this very forum the campaign for the preparation of proposals for the Third Five-Year Plan in public health service establishments and in establishments of public health production.

Comrade Simunek characterized the Third Five-Year Plan in his report at the session of the UV KSC /Central Committee of the Communist Party of Czechoslovakia/ on 23 September 1959 as a "plan for the development of a mature socialist society." According to Comrade Simunek, the principal target of the plan will be "to attain a high level in satisfying the material and cultural needs of the working people on the basis of a victory of socialist production relationships; the wide-spread introduction of technology of the highest level, especially through mechanization, automation, and chemical advances; a substantial increase in the productivity of social labor; and a further development of production forces in industry, construction, transportation, and socialist agriculture." He stressed further that "at the same time it is necessary to bear in mind that our society, while fulfilling the tasks connected with the completion of the socialist construction of our economy, will now accumulate and create material and cultural sources for a gradual transition to Communism."

The principal lines of the Five-Year Plan are:

1. A high rate of increase in the national economy. The development of the national economy will be much greater than in the Second Five-Year Plan, because it starts from a much greater basis.
2. A further strengthening of the industrial character of the country. The share of industry in the total creation of the social product will increase to 70%.
3. A substantially more rapid increase of the production of producer goods, particularly as applies to metallurgy, machine engineering, and the chemical industry.
4. An intensification of agricultural production, so as to contribute to a proportionate development of the entire national economy and to an increase in the standard of living.

5. A Decisive role for increased labor productivity in developing the production forces.

The principal means for increasing substantially labor productivity (which is to increase by a full $3/4$ as compared with 1957) are an accelerated development of mechanization, automation, and chemical innovation. That is why it will also be necessary to strengthen the role of science and technology as regards the national economy. In order to obtain a further increase in the efficiency of the national economy, it is necessary to continue to decrease the material costs of production by economizing on material, raw material, power, and fuels, thus assuring a higher rate of increase in the national income.

The rate of increases in consumption in the Third Five-Year Plan is to remain roughly the same as in the Second Five-Year Plan, which will make it possible to concentrate sufficient means for developing the socialist economy. With the same rate of increase, however, a higher level of the national economy will make it possible to assign substantially greater means for personal and social consumption. For example, the volume of investments in the public health service and social welfare is to double in comparison with the Second Five-Year Plan.

The Third Five-Year Plan is to include a further gradual balancing of the economic level of some areas. Consequently there will be a more rapid development of the national economy of Slovakia, which will gradually become highly industrialized. This will increase substantially the standard of living of the population of Slovakia. At the same time, we shall also continue to solve the problems of the border areas and those of some other areas (Jihlava and Ceske Budejovice areas).

I do not wish to tire you by enumerating further details and figures concerning the development of industry and construction, agriculture, transportation, investment construction, or individual branches of the national economy. However, before I pass on to the development of the public health service under the Third Five-Year Plan, allow me to point out some questions in the directives which are of particular interest to us public health workers, and to stress some mutual relationships. First, I refer to the concern of the Party and of the Government regarding preventive health service and an increase in the standard of living (which is also an important factor in health protection!). Everyone who has read with interest the report of comrade Simunek at the session of the UV KSC has doubtless noted that in the discussion of the construction of new thermal electric-power plants in the North Bohemian coal basin, it was pointed out that it is necessary to solve the problem of the pollution of the air due to ashes and sulphuric acid. In the following discussion it was indicated how this problem can be solved by the gasification of fuels and the use of gas and crude oil for heating

purposes in some branches of the national economy. The same concern is shown in studying questions of keeping water courses, the countryside, and the air clean; in studying questions of rational nutrition for the population, in which the authors underline clearly the necessity of speeding up sales of meat, milk, eggs, vegetables, and fruits while decreasing sales of flour products in view of "medically recommended consumption norms." Questions of the employment of women are being studied with great care. Such employment is to be increased considerably. Along with other measures, this should contribute to a higher rate of increase in the standard of living of families with low incomes. The Party and the Government point out that the state must take better care of children of pre-school age, specifically by expanding the network of nurseries and kindergartens. As regards investment construction, they urge enterprises, national committees, and the individual agricultural cooperatives to provide for a substantial expansion of the building of nurseries.

Another thing which I should like to point out is the relationship between an increase in the standard of living and all those beautiful perspectives mentioned in the report (such as an increase in personal consumption; better health service and social welfare; better education, culture, and physical training; shorter working hours, etc.) A commensurate increase in personal and social consumption will be possible only if production increases at the planned rate and ratios, if labor productivity increases sufficiently, if the costs of the production decrease. The greater the development of production and its economic efficiency, the better off our population will be. Therefore questions of the development of industry, construction, agriculture, and transportation, as well as questions of an increase in the efficiency of our national economy, are not tasks for economic workers alone. All public health workers should be enthusiastic propagandists of economic tasks, they should explain clearly to the groups of citizens with whom they come in contact the interrelationship between the opportunities for an expansion of medical care and the development and efficiency of production, and the inverse influence of properly-administered medical care on the development and efficiency of production. All public health workers must become public and political workers. This is a great task of the trade-union organization of workers active in public health.

And now let us turn to the development of the public health service itself in the Third Five-Year Plan.

The long-range aim of the public health service is to protect the people's health from infancy to old age, and to ensure that all citizens can live their lives physically and mentally fully active. Therefore the foremost task of the public health service is to concentrate more

than ever on prevention according to the teaching of J. E. Purkyne. But prevention must not be conceived in a narrow sense, as so often happens today, it must not be conceived as a mere collective preventive inspection of the health of the entire population or selected groups. It is above all a question of providing a healthy living and working environment; a question of the systematic improvement of hygienic conditions in working places; a question of keeping the air, water, and soil clean; a question of correct nutrition and correct work and rest habits.

Hygienic and Antiepidemic Service

The principal guardian as regards the correct effect of these factors must be the hygienic and antiepidemic service. Therefore it is necessary to decisively strengthen this service, to complete the construction of hygienic-epidemiologic stations, and to draw into this work other physicians and public health workers, particularly those active in districts, enterprises, and in the school health service. It is obvious that our public health workers cannot fulfill this very important task alone. Indeed, prevention in this sense is realized primarily by technical, organizational, and economic means and covers not only the production and installation of costly air-technical installations, the building of plants for purifying sewage water, and dams for supplying drinking water, but also changes in the technological processes used in manufacturing various products, measures affecting the material interest of the workers, and changes in the organization of work and social life in general. That is why we stress the fact that the economic organs are mainly responsible for implementing hygienic care, and that the entire socialist society shares in this broadly conceived prevention. Public health workers, in the first place workers of the hygienic and antiepidemic service, are entrusted with this important and highly responsible task of directing preventive care for our entire society, and of course seeing to it that the established principles are maintained. The principal outlined means for the economic development of our country -- chemical innovation, mechanization, and automation -- provide unheard-of opportunities for eliminating heavy physical work and factors which have a harmful influence on the health of workers and on the environment of enterprises. On the other hand, they may lead to a worsening of the existing situation, they may be a source of new influences which are harmful to human health, if the problems are solved incorrectly. It is necessary to take steps to avoid such things, to assure that the development of technology will contribute to the maximum degree not only as regards increasing the quantity of material goods, but also as regards making the living and working environment more healthful.

Our legal regulations in the field of public health, particularly Law No. 4/1952 of the Legal Gazette, provide for a development far into the distant future. The way these directives are going to be implemented will depend on us all, on the specialized professional level of our councils and committees, on our active participation in the public life.

Economic and technical development of course brings with it many other opportunities for improving the social and health security of the working people. In the Third Five-Year Plan, the work week is to be reduced to 42 hours (in underground mines to 40 hours a week). Wherever it is feasible on operational grounds, we are to introduce a 5-day work week. Free time is to be used purposefully for rest, for systematic active physical training, and for a greater development of culture. The directives therefore correctly require that "in introducing a shorter work week, the passive participation of the broad masses of workers in cultural and sport activities should be continuously converted into active participation, especially with regard to the youth."

Preventive Orientation in Medical Care

In medical preventive care, we must also emphasize clearly its preventive orientation. Present medical preventive care is still a surviving element of the past and is basically more medical than preventive. The main stress must be put on the word preventive. Indeed, the purpose of medical preventive care is to assist people in health as well as in sickness, to protect them against diseases and the effects of such diseases as are often chronic. But this in itself indicates which component of medical preventive care must be strengthened and given priority. Above all, it is dispensary care, because the workers of the dispensary service are particularly able to watch the people in their living and working environment and to protect them against harmful influences. In developing dispensary service, we must concentrate above all on its basic element: we must improve the system in the territorial and factory districts. All public health districts must be provided with permanent qualified workers. The number of inhabitants per district physician must be decreased, so that by 1965 the average number will be 3,750. In the districts we must set up specialized services must be made more available to the population by completing the network of polyclinics and by establishing the system of unified hospitals. Allow me to say a few words about these last two tasks. We have been fairly successful in expanding and completing the network of polyclinics in cities, particularly in the centers of political districts, in spite of the technical obstacles involved (finding a suitable building, carrying out the necessary construction work, etc.). The problem is worse in some places with regard to the establishment of

the correct work organization in a polyclinic, and will regard to its introducing the polyclinical system itself. The building of a polyclinic does not accomplish the purpose by itself. It only provides the material prerequisites for the implementation of a polyclinical system of labor, i.e., a collective work system of all the health workers employed in a polyclinic, particularly of all the physicians who practice there. The basis of this collective work is a perfect unified administration and a correct organization of the labor of all the component parts. The overall work plan must be as harmonious as possible. When the work is properly organized, the patient can be examined and treated quickly and well in every respect, unnecessary waiting can be eliminated, and people can be satisfied. When the polyclinical system of labor enables the district physicians to consult specialists in the various fields, when these specialists can consult with each other, the professional level and quality of the work increases. When the workers of a polyclinic meet at operational conferences and seminars (organized in such a way, of course, that they do not interfere with service to the patients) to discuss both professional and economic problems (for example the correct and economical writing of prescriptions, work disability due to sickness, etc.), when they discuss political problems, such workers not only grow politically but also become dedicated public workers and managers of their places of work. And that is the real purpose of the whole matter.

We cannot be satisfied with the conditions under which the unified hospital system is introduced. It has been a number of years since we proclaimed this task to be an important prerequisite for increasing the quality of health care. Groups of enthusiastic workers took up this work with great understanding in some districts (Svitavy, Susice, Gottwaldov, and other places). They have been using the unified hospital system in their districts for several years. Did this system not prove effective in our circumstances? Yes, the quality of the work has increased, the population is satisfied. And yet the number of districts in which this proven system is being introduced is increasing very slowly. We are aware of the difficulties of this problem. It requires enthusiastic workers and a good preparation -- which is not easy, a correct understanding of the local situation, and an appropriate organizational form. It also requires the assistance of the district and regional national committee. We believe that it is precisely the shortcomings in managerial work which prevent a speedier rate of introducing the system of unified hospitals. We expect that in the coming years the regional institutes of national health (especially their organizational-methodological cabinets and collective bodies of regional specialists) will display greater efforts in assisting the district of fulfill this task.

Health Care for Workers in Working Establishments

As in the past, our entire public health service and the network of its installations will continue to serve the working people. An inseparable component of this care will continue to be public health service in working establishments. The task of this branch of service is to protect workers from the unfavorable influence of the working environment and to wage a decisive struggle in cooperation with the establishment's management and the trade-union organization, for a continuous improvement of the hygienic conditions of the working place. One of the foremost tasks of the public health service in working establishments is the struggle against accidents. The accident rate is still disproportionately high, especially in some industrial districts (mines, metallurgical plants). Workers of the health service in working establishments must provide special care for working women and youth and for persons whose working capacity has changed. In the Third Five-Year Plan, priority is given to the setting up of industrial health service in establishments of the first and second categories according to announcement No. 241 of 1952.

Law No. 103 of 1951 provides for setting up health service installations in working establishments. Announcement No. 241 of 1952 determines the types of health service installations in working establishments, the conditions under which such installations should be built, the extent of the establishments' participation in getting material equipment and personnel and in operational costs. Even though we have achieved great successes in expanding the network of health centers of the district type and of industrial polyclinics, the two regulations mentioned above are not always followed systematically. The rate of progress in building industrial hospitals in large establishments of the key industries is slow. The expansion of the network of factory nurseries is absolutely insufficient. The number of factory nurseries actually decreased from 208 to 193 between 1951 and 1958. Night sanatoria are not being established. Some establishments have not considered the building of health installations in factories and participation in the operation of such installations as a self-evident part of care for their workers. Sometimes it even happens that some establishments try to shrug off their share of the responsibilities entailed in operating industrial health installations. We cannot accept their completely incorrect argument that the costs of health service installations in factories worsen the economic results of their work. It is incorrect to act on that basis and to shift such obligations to the national committees. In some places the national committees are not sufficiently consistent defenders of socialist legality and yield to the pressure of the industrial establishments. The Party and the Government do not agree with such procedures. Therefore, in its resolution No. 177 of 6 March 1959, the Government reminded the ministers

directing the various branches of industry of their obligation to build health installations in their establishments (hospitals, polyclinics, nurseries). In the directives for the Third Five-Year Plan, the government of the Republic stipulates specifically that 300-bed hospitals should be built for workers of the NHKG in Ostrava, for the workers of the newly-constructed East Slovakia Metallurgical Combine, and for the workers of the Brno Machine-Construction Establishments.

It will be necessary to clarify the question of building a mining hospital for the OKD in Ostrava, when the Third Five-Year Plan for this establishments is prepared. A government resolution concerning the directives for the Third Five-Year Plan instructs all economic ministers to make sure that the establishments subordinated to them build factory nurseries in accordance with the announcement of the Ministry of Public Health No. 241 of 1952 in all establishments where it is necessary to provide nursery facilities for at least 20 children up to 3 years of age. It is particularly up to the national committees and the trade-union organizations to watch carefully and see to it that the resolution of the government is implemented.

Care for Women, Children, Youths

Special health care must be provided during the Third Five-Year Plan for children, mothers, and youths. The directives impose the duty of making efforts to decrease infant mortality, to improve care for children of school age, to create the prerequisites for increasing fertility. Decreasing fertility and the resulting decreasing rate of natural population increase are being carefully watched by the party and the Government. The result of this is a series of provisions for increasing the standard of living of families with many children, such as increased family allowances and further reductions in the prices of goods for wholesale consumption. Care for working mothers and children by the state will continue to increase in the Third Five-Year Plan. Therefore the Government gives the State Population Commission the task of preparing in cooperation with the State Planning Commission and the Ministry of Finances, a proposal for measures designed to create the prerequisites for a population increase. The basic part of care for mother and child, and particularly the children of working mothers, is a sufficient network of territorial and factory nurseries. I mentioned before that during recent years there has been stagnation in the expansion of factory nurseries. The situation is not much better with regard to the expansion of the network of territorial nurseries. The number of accommodations in nurseries increases at a slower rate than the number of working women. In 1952 there were 23 accommodations in nurseries (both territorial and factory) per 1,000

employed women, but in 1958 there were only $21\frac{1}{2}$ accommodations. The plan for expanding the system of nurseries has not been systematically fulfilled in recent years. In 1958 the plan was not fulfilled and was 1,376 accommodations short; in the first half of 1959 there was 617 accommodations short. The causes of the slow rate of development of nurseries in recent years were mainly delays in building nurseries. These delays were caused mostly by the lack of construction material and by the lack of specialized health service workers (nurses and attendants), which was aggravated by a high rate of absenteeism and turnover and in some cases by a limited work plan (number of workers, wage funds) in the health service branches of the councils of the national committees. Undoubtedly not without significance was also the fact that the councils of some national committees have concentrated their efforts in past years on expanding the number of beds in hospitals and specialized medical institutions, at the same time somewhat underestimating the significance of expanding the system of nurseries.

The directives provide for a 35% increase in the number of accommodations in nurseries in the years 1961 to 1965. This is a substantially higher rate of increase than in the Second Five-Year Plan. At the same time, the Government instructed the Ministry of Public Health, the group of (Slovak) commissioners, and the councils of the regional national committees to consider the number of accommodations in nurseries specified in the directives as being the minimum number required, and to make efforts to increase the number particularly by using local resources. Also, the Government stresses again the need of getting more help from industrial establishments and individual agricultural cooperatives.

The period in which the building of socialism is being completed presupposes a greater fitness of the rising generations, the new generations of workers, technicians, and employees, particularly in the newly-organized industrial production and in the rapidly-developing socialist agricultural production. The physiological particularities of adolescence and the influence of labor on the growing organism require optimum conditions for a healthy development of the younger generation, particularly when schooling and training are carried out at the same time.

The Struggle Against Common Diseases

The workers of our health service are facing great tasks in the Third Five-Year Plan in their struggle against diseases which endanger at an increasing rate the health of our entire population. This includes the task of continuing the fight against tuberculosis and taking measures to control it as a widespread disease. The directives

for the Third Five-Year Plan provide all the material prerequisites with regard to the number of beds required, the necessary material equipment and personnel, and a sufficiently large production of the necessary drugs, so that the task can be fully carried out and we can achieve complete victory in our fight against this enemy of our national health during the future Five-Year Plans. The same applies to the fight against other infectious diseases, in which we have obtained very good results thus far. However, our attention must not slacken in this respect for a minute.

A special problem which confronts our public health workers, both the research workers as well as practicing workers, is the increasing average age of our population and the resulting increase of chronic diseases. Therefore all health workers should concentrate their efforts on means to effectively prevent heart and blood vessel diseases and new forms of diseases, they should pay greater attention to chronic diseases of the respiratory organs, rheumatism, and nervous and mental diseases.

Workers of the Ministry of Health have repeatedly explained the details of the concept of the long-term development of our public health service and the sectional preparation of individual tasks. A series of materials has been published in the professional press and the more important articles have been published in Zdravotnicke noviny /Health Service News/. The Ministry of Health has prepared and published concepts of the development of the most important fields of activity. Scientific analysis of the development and structure of our population and of the health of the inhabitants have been published and explained again and again. These analyses show clearly why we concentrate our efforts precisely on these problems. All this material was discussed at the annual conferences in 1958 and 1959, as well as at the conference on the development of the Third Five-Year Plan, held by the Ministry of Health in early May of this year.

I cannot very well repeat here all that has been said before. But I should like to entreat you to make the greatest efforts possible in order that all persons working in the public health service and as many groups of the population as possible may become acquainted with the general concept of the development of public health in the Third Five-Year Plan. We regret having to again find that health workers in our establishments know little about the tasks confronting our health service. The workers of the Ministry of Health who during the recent weeks have been helping in the field to prepare the plan for 1960, informed us that knowledge of the principal tasks for the 1960 Plan is absolutely insufficient, especially among the workers in our installations. Therefore we ask that trade-union organizations assume the task of acquainting the working people with the concept of public health development in the Third Five-Year Plan, thus effectively aiding the organs of the state administration of public health.

Development of Bed Facilities

The directives for the Third Five-Year Plan provide for the material and personnel prerequisites for the development described above. The directives assume a 12.9% increase in the number of beds in sanatoria for preventive and medical care controlled by the Ministry of Health. This means that the number of beds will be increased by more than 22,000. This is a substantially greater task than the one in the Second Five-Year Plan, in which somewhat over 18,000 beds were to be put to use by 1960. At the same time, the directives assume a decreased rate of development in the number of beds in hospitals and maternity homes. Their number is to increase by 10.2% (14.3% in the Second Five-Year Plan). The network of medical facilities is to increase substantially in the Slovak regions, where the number of beds will increase by 32.2% of which 19.3% will apply to beds in hospitals and maternity homes. The plans for building larger hospitals foresee a hospital in Prague-Motols; a children's hospital in Prague; hospitals in Most, Znojmo, Poruba, Havířov, Kosice, and Bratislava. A considerable increase in the investment funds assigned for decentralized constructions, especially in the Slovak regions, makes it possible to build many more hospitals and medical establishments under the jurisdiction of the regions. The large funds assigned for these purposes require at the same time increased economy in carrying out this construction work. It must not happen that the newly-constructed installations built with large funds turn out to be excessively large. Therefore the Government instructs the Ministry of Health, the body of commissioners, and the regional national committees to consider the number of beds given in the directives for the Third Five-Year Plan as the upper limit, to analyze the use of beds in existing installations when dealing with the tasks of public health in the program of the Third Five-Year Plan, and to look for possibilities of reducing plans for more hospitals with a view to giving priority to dispensary care according to announcement No. 241/1952 of the Official Gazette with regard to care for the workers of industrial establishments, tasks in the field of hygiene and epidemiology, and the care of children in nurseries.

The Necessary Number of Workers

This task outlined by the Government is extremely important, since we could get into serious difficulties in providing the required number of medical personnel, whose number up to 1965 is already indicated by the number of students in medical faculties, in view of the high rate of increase in the development of medical establishments planned at present, and in view of the current need to give priority to dispensary care. The directives foresee an increase in the number of medical positions up to the year 1965 by 13.1%. The number of physicians per

10,000 inhabitants is to increase by about 17% in 1960 and by almost 19% in 1965. The number of new physicians leaving medical institutes is sufficient to take care of this increase in medical positions and enables us to decrease gradually extensive the commitments of physicians kept in the dispensary service.

It will be necessary to consider very carefully the steps which will enable us not to increase the physicians' commitments again, at the time when the work week is also going to be reduced in the public health service. It is particularly important to prevent all mechanical discharges from active service of physicians who have reached the age when they can claim old-age pension. The basic material for the directives foresees a sufficient number of medical workers for new tasks and certain improvements in the present equipment of medical installations. We must take into consideration the fact that it will be necessary to increase the number of physicians to cover the reduction in working hours. The working hours in public health are to be reduced in the years 1964-1965 just as in the other service branches. Therefore we must now think about training the necessary number of medium-level health workers, before we make proposals the number of students to be admitted to professional medical schools. The problem of economy comes into the foreground at this stage more than ever. For this reason, the Government is issuing instructions for carrying out an intensive analysis of methods to provide specialized medical workers for health service installations in preparing the Third Five-Year Plan. In the Five-Year Plan and the annual plans, it is necessary to gradually compensate unjustified differences in the equipment of individual health installations and of entire regions. After determining these differences, we shall be able to draw up measurable schemes.

Public Health Research

Research work in public health will be geared in the years 1961-1965 towards studying the health of the population in Czechoslovakia, the principal development problems of the new generations, and protection of the living and working environment, particularly against the effects of ionizing radiation, we shall study the problem of rational nutrition for the population, bacterial and virus infections, arteriosclerosis, and malignant growths.

The network of research institutes will also be considerably developed in the years 1961-1965. The plans include the construction of a pediatric research institute, a psychiatric research institute, and a research institute for experimental therapy. Also, we plan to establish a branch of the Research Institute for Labor Hygiene and Occupational Diseases in Ostrava. This branch will concentrate on

research on hygiene in mines and metallurgical plants. There will be a branch of the same institute for the study of hygiene in the mining and processing of radioactive raw material in Pribram or Jachymov. We also plan to establish a branch of the Balneological Research Institute in Slovakia. Prague research institutes for preventive medicine will gradually be concentrated in the Krc area as of the beginning of the Third Five-Year Plan. By 1965 we expect to build a Research Institute for clinical and experimental surgery, a research institute for endocrinology, and a central isotope establishment with the indispensable economic components. Also, we shall create the prerequisites for building a gerontological establishment.

Prague institutes dealing with hygiene will be similarly concentrated in the same areas from the beginning of the Third Five-Year Plan. The construction of scientific research institutes for hygiene and epidemiology will also be initiated in Bratislava at the end of the Third Five-Year Plan, so that by the end of the Fourth Five-Year Plan all these institutes will be concentrated in the same area.

In concentrating the research institutes, we shall reduce the number of beds in those institutes in which the number of beds is today excessive.

We shall have to strengthen the physiological and pathophysiological fields of health research and build experimental physiological laboratories in all the research institutes of our Ministry.

The personnel composition of the scientific research institutes will be improved in the Third Five-Year Plan by increasing the number of scientific workers.

Medical Care in Spas

In 1961-1965 medical care in spas will have to be concentrated mainly on widespread diseases. We shall have to improve the selection of patients admitted for treatment in spas and to increase in every respect the level of services offered. The directives provide for an increase in the number of beds for children and youth in spas and to expand out-patient care. In developing services for paying patients, we shall have to concentrate above all on attracting visitors from abroad.

Production of Drugs and Medical Material

In harmony with the development of public health, the tasks with regard to the production of drugs and medical material will also increase in the Third Five-Year Plan. We shall also have to make more pharmacies and optometric establishments available to the public. The directives of the Party and the Government instruct the health service industry to provide a sufficient amount of the necessary drugs, serums, inoculation materials, dental preparatives, orthopedic products, eye glasses for medical purposes, veterinary drugs, antibiotics for feeding livestock and other purposes, and other material for the food industry and for use in agriculture. At the same time, we are to provide for an increase in the export of these products of the Ministry of Health in the year 1965 by at least 85% as compared with 1960. The basic material of the directives assumes an increase in the volume of health service production by almost 50%, an increase in labor productivity by about 43%, and a decrease in production costs by 22.6%. The production of antibiotics is expected to increase by almost 90%, the production of vitamins by more than 100%. These favorable results will be obtained through further modernization of our production, by introducing mechanization and automation as regards the production processes. Thus we shall develop a modern large-scale industry with the most advanced technology, which will gradually produce material of continuously-increasing quality. In achieving these goals we shall be substantially helped by our economic and scientific-technical cooperation, which continues to develop more and more successfully, with the Soviet Union and the other people's democratic states.

The tasks which the directives of the Party and Government for the Third Five-Year Plan place before us are certainly not small ones. They will require the enthusiastic work of all of us and the concentrated efforts of all workers in the field of public health. During the coming months, these tasks will be subject to discussion by the workers after they have been worked out in detail in the plans of the individual enterprises, establishments, and health installations. I believe that through the common effort of the economic organs and political and trade-union organizations we shall succeed in working out a good plan which will lead to further considerable expansions and improvements of the medical care for the population of the Republic. I stress again: Our work will succeed only when these tasks become the affair of all workers in the field of public health, when everyone accepts them as his own personal task. It is up to us to use properly the great means which the Party and the Government are giving us with which to develop further our medical care for the benefit of the entire population and for a still better and happier life for the future generations. These are beautiful tasks and worthy enough for us to consecrate all our energy, our entire life, to them.